NHS
Wakefield
Clinical Commissioning Group

Maternity services in Wakefield District

Engagement event on the future of the birthing service at the freestanding Midwife Led Unit at Pontefract Hospital.

September 2019

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Background

Mid Yorkshire Hospitals approached NHS Wakefield CCG in summer 2018 to discuss the future of the Friarwood birth centre due to concerns about low usage. Uptake of the service is driven in part by choice and in part due to risk factors identified during the pregnancy, which make it unsafe for some women to give birth in a freestanding midwife led unit. Currently the service model requires two staff to be on site 24/7.

In the last year, the unit has been subject to temporary closures due to staffing issues where the Trust has needed to reallocate staff to ensure safe staffing levels in the environment being chosen by women at that point in time. This was predominantly at the Pinderfields birth centre and consultant led labour ward, where there are 6,000 births a year. The longest of these closures was a planned closure for six weeks from September to November 2018.

Engagement with patients, the wider public and staff within the service

The CCG embarked on a formal NHS England Service Change Assurance Process in autumn 2018. An initial public engagement exercise was undertaken from 1February to 17 March 2019.

The target audience for engagement was people in the district who had recently given birth or were due to give birth, although it was available to all members of the public to complete. A survey was published on line and promoted through a range of social media and 3470 paper copies were distributed in public places. 833 responses were received from 777 patients and members of the public and 56 staff. In addition to this, staff discussions also took place with 59 midwifery staff. Results of this work are published on the CCG's website and available in the public domain.

Through the process, we have also engaged with our public assurance group, PIPEC (Public Involvement and Patient Experience Committee), to make sure that we reflected their views on approach to engagement.

A view from clinicians

Separate engagement took place with the Yorkshire and Humber Clinical Senate who provide independent and impartial clinical advice on any proposals for service change that have significant implications for patients and the public. This was done to inform the clinical aspects of the work, feeding in key findings from public and staff engagement as they arose.

The Clinical Senate provided an independent analysis of the case for change. The Yorkshire and Humber Clinical senate accepted that change was necessary and had suggested a number of alternative ways in which the service could be provided. We have continued to submit information to support their work and deliberations and initial feedback and their draft report is included with this briefing.

A workshop with local clinicians took place in June 2019 to consider the alternative solutions. This included exploring the potential to develop a model which would combine an 'on demand' service with a 'continuity of carer' model whereby a woman would be assigned to a team of community midwives for ante-natal care throughout pregnancy and would contact the midwifery team when labour begins. A member of the team, who would be known to the woman, would attend the unit to assess the woman and then be joined by a second midwife to safely deliver the baby. Post-natal support would be offered by the same midwifery team.

This model is consistent with best practice in the national maternity strategy as it ensures greater continuity of care for women and has the benefit of making better use of the midwifery resource whilst ensuring a choice of local delivery in a freestanding MLU is retained.

The initial feedback from the Senate is that whilst this model is safely operated in other birth centres, more work needs to be done to assess whether it is sustainable and if it is the best use of staffing, given that women have the choice of giving birth in a midwife led unit within the district.

The event

Rationale:

- Following on from the clinical workshop we held with local clinicians and further discussions with the Clinical Senate, we had planned to do a public event to continue the dialogue.
- We made a commitment to this within our engagement plan for the project, OSC briefings and returns to NHS England.
- We wanted to tell the story of where we started and how we got to the current position, outlining how we have listened during the journey and how this influenced our thinking. Demonstrating value of engagement and showing local people how we have listened to them and their representatives.

- During the event, we outlined where we have started (temporary closures leading to the need to review the position), engagement influencing the direction of travel and further work with independent clinicians presenting a new potential solution.
- We have looked at the quality/ safety – choice – staffing aspects and need to consider each of these when thinking of the best way forward. At the event, we presented the current potential solution.
- The event focussed on the birthing issue and the aspect of the service that we started to look at back in October 2018. We reflected the national direction of travel, recognising the good work and challenges that exist locally. We also wanted to test our current thinking with the public.

Format of the event

The event was led by NHS Wakefield CCG, with input from local midwives who supported the discussions and answered questions that arose during the event. 52 people were part of the event, which included the public and professionals, e.g. Families And Babies team, Youth Offending Team, midwives, Health Visitor, Healthwatch and Cllrs/MP. Our staff including facilitators, scribes and the panel supported the individual discussions and took notes.

The event was structured around table top discussions. During these, attendees were given several personas to support their conversations. These were developed based on findings from Health Needs Assessment, Quality Impact Assessment, Equality Impact Assessment and previous public engagement. The areas for discussion and the personas can be found in appendix 1.

What did people tell us?

Antenatal care:

- Antenatal care would benefit from closer working between the NHS and community groups, increased availability and consistency of messages as well as reach across the community.
- Antenatal education was seen as helpful in enabling women to make a choice of where to give birth. The access to antenatal education should reach everyone and information should be available to women on clinics, classes and groups that are available. Suggestion was made to consider bringing mums of similar needs to the same antenatal classes, e.g. language/cultural support or same gestation stage.
- Women should be given a clear message that they can change their mind about where to give birth and they should have a say in where to give birth as opposed to being told. This should include their view of their own risk.

Birth:

- Home birth could be a better option for some women, considering their personal circumstances.
- Need to consider how women are reassured about different places of birth and the on-demand model.
- Changes and uncertainty around the service may impact on the messages that are given to women by staff. Need to consider the messages that are given to women about the options available to them of where to birth.
- Care should include smaller aspects, such as clean environment as these add to the overall experience.
- Informed consent is needed as opposed to scaremongering.
- High risk pathways need to be developed further.
- Raising awareness – show women what birth experience should look like so that they are more aware of what to expect. Provide appropriate information at the appropriate time and by the right person. Raise awareness of the choices of where to give birth available to women be it via information or attendance. Being transferred is a concern for many women. Some opt for hospital birth just in case assistance was needed.
- Pain relief choices need to be discussed well to make women, their partners and families aware of the options. More information is needed on what pain relief is available at a MLU to ease worries about giving birth there.

Continuity of carer, on demand model and hubs:

- Continuity of Carer could have positive impact on staff to re-engage them with why they came into the profession in the first place. This could have a positive effect on the decisions made, which could lead to lesser likelihood of a transfer.
- Develop wider hub services and consider who would lead this, e.g. third sector, children's service, public health. Hubs need to be easily accessible and offer varied services including pelvic floor care, breastfeeding advice and support, mental health support, reduction in smoking, alcohol and weight. Also include social care and social services. Services being in one place would be a positive and helpful move. Hub could be very beneficial for women with learning disabilities as it would provide continuity and familiarity with people and location. Drop-in aspects would be beneficial in making the hubs accessible.
- The on demand model was seen as positive in respect of the role that Midwife Support Workers would play both in terms of the choice of birth, birth itself and wider support for the woman and her family. Time needed for Midwife Support Workers to familiarise with new cases when on call was noted.

Workforce:

- Need to consider the workforce – recruitment, the changing age profile, skill mix and roles. Training should be in place to ensure staff can support physical health as well as wellbeing of the mother. Workforce profile should reflect our population.

Access to services:

- Access to services should be the same for all, regardless where they live. Services to be patient centred, taking into consideration the needs of the woman; good experience leads to less interventions
- The first priority is safety and this should include physical as well as emotional safety (wellbeing).
- When considering families on low income and no private transport, the cost of a taxi from Pontefract to Pinderfields MLU will be a one off cost during labour, but should consider this for antenatal and postnatal care. This should be delivered locally.
- Discussions took place around the engagement with service users from ethnic minorities, different cultures and those who may not have English as their first language as well as seldom heard groups in general. The cultural differences in expectations of maternity services and care were also discussed. English not being the first language can be a barrier to engagement, care in general as well as triage telephone system.
- Consider profile of the community and the difference amongst communities within it.
- Care for vulnerable women needs to be reviewed throughout pregnancy to understand women's needs. Consideration to be given to women with learning disabilities to provide continuity of care across midwifery, LD support and health visiting. This should include preparations for birth and going home.
- Signposting to other services to support families with e.g. finances, father's health, continence as well as those provided within hubs.
- Partners and families to be involved as they play an important role

Next steps

- Using all the feedback - we will be pulling together the information from the event, previous engagement as well as all the feedback we have had from clinicians, both local and independent, to take this forward.
- The CCG will work with the hospital trust on the final service model and implementation. We are keen to provide certainty for the local community.
- We will be sharing our position with the Overview and Scrutiny Committee following the event. The Committee look at the work of the Clinical

Commissioning Group and the hospital trust. The Committee acts as a 'critical friend' by suggesting ways that health related services might be improved.

- They will scrutinize our work and their feedback will be used to inform the CCG's Governing Body decision.
- Whilst we were trying to reach a solution by October, based on the feedback from the Senate, the timeline for a decision may be put back to allow us to do further work on developing potential solution(s).

Jess is 35
She is pregnant with her third child

- Jess is the mother of two children.
- She has a busy life caring for her family.
- Jess had a vaginal birth for both her previous babies.
- Although everything went smoothly, she nearly didn't get to the hospital in time for her second baby.
- The speed of her birth frightened her a little bit.
- Jess worries that she is a bit older this time and that she might get caught out or leave it too late to get to the unit in time.
- Her partner would like to be involved in the birth.

Ashley is 32
She is pregnant with her second child

- This is Ashley's second pregnancy.
- She smokes and is overweight.
- She needed monitoring for her blood pressure during her pregnancy.
- Her first baby was quite small (low birth weight).
- She will probably need regular monitoring to ensure her baby is growing as expected.
- Her labour was delayed, but delivery straightforward.

- She struggled with breastfeeding her baby.

Emily is a first time mum

- Emily is pregnant for the first time.
- She is fit and active and is in good health.
- She is anxious about her pregnancy and does not know what to expect.
- When she was younger she had anxiety and panic attacks.
- Emily wants to give birth in a calm and Relaxed environment and would like a midwife led birth.
- She is worried about the pain of labour though and does not want to be transferred during labour.

Lena is 28
This is her first pregnancy

- Lena is 28 and this is her first pregnancy.
- She has lived in the centre of Pontefract with her partner for two years.
- She does not have close family nearby and feels socially isolated.
- She is excited about being pregnant.
- She is worried though about whether she will know how to feed and dress her baby and not sure how she will cope with motherhood.
- English is her second language.
- She does not drive.

Aseema is pregnant with her second baby

- Aseema had gestational diabetes in her first pregnancy.
- Her first baby was reluctant to feed and she struggled with breastfeeding.
- She found the whole experience traumatic and is fearful of her second pregnancy and labour.
- She has a weak pelvic floor and slight incontinence.

This is Sarah's second child

- Her first was born in the Obstetric Unit at Pinderfields.
- There were no complications with her first baby.
- She is low risk but reluctant to consider a midwife led birth because of fears about pain relief.
- Her partner, Ben, suffered from anxiety and depression after the first baby was born.
- Ben is out of work and worried about money and paying the rent.

✓ How does this work for…. ?

- How might [name] benefit from an MLU in Pontefract? [you can emphasise that even if women are not able to birth there they would still be able to have access to ante natal care & post-natal support there]
- Would an MLU offering an on demand service be a suitable place for [name] to give birth?
- What other things – services and / or support might she or her family need?

✕ The problems are …. ? (barriers, difficulties, things to think about)

- What could be a barrier for her or her family to use the on demand service? E.g. what might make her feel uneasy or even stop her from using an on demand service at a MLU?
- What issues could she or her family experience?
- What do we need to think about to make this work for her and her family?

+ Ideas for change / improvement

- What would you suggest we need to look at as improvements? What would these be about the maternity services (be it the birth part or the before and after care)?
- What do you feel we need to do to support her in her journey?
- What other things might she need in terms of the care and information?

? Questions people have

- Is there anything that you can think of that has come up from this little case?
- Anything we need to consider?
- Anything not clear?
- Is there anything in general that people have heard that we need to think about when planning for the future?